



Good afternoon,

I am Beth Charlton from Covenant Healthcare in Saginaw, a 623-bed hospital, serving a diverse community in the middle of the state. I began my career as a bedside nurse, and I am now responsible for the management and operations of the hospital and care delivery system. With about two million patient touches annually at Covenant, I am proud that the staff at Covenant, continue to recognize my nursing experience, nursing leadership experience, and my commitment to being a bedside nurse and its influence on care.

Caring for patients in our region, is our responsibility. My responsibility. Caring for our entire staff, including our registered nurses, is also my responsibility and priority. Every day, every night, at all times. Balancing the care of our patients and our nurses, is my job. Thankfully, I share the work with our chief nursing officer, other nurse leaders and staff nurses in the hospital. We have about 1200 nurses at Covenant. With this balance of patient care and our nurses in mind, please let me offer you a single message...mandated nurse ratios are not a solution to our staffing challenges.

Covenant, like the other hospitals you will hear from today, use staffing ratios or guidelines for staffing. The numbers come from benchmarks. They serve as a starting place, to consider actual patients and the care they require. Decisions and assessments about nurse staffing are made frequently and adjusted throughout the day and night. Nurses that consider the actual patients in the beds. Decisions that also consider, the availability of other members of the patient care delivery team. LPN's, patient care techs, medical assistants, nursing assistants, respiratory therapists, phlebotomists, transporters, food service and therapists... the list goes on and on. A key resource in one area, might not be replicated throughout the entire enterprise. To assume so, with an on paper, mandated ratio, is unwise.

In addition, anyone who works at the bedside, realizes consideration of your unit, your team, your patients, and the circumstances of the shift...is needed. For example, as an ICU nurse, you know having patients near arrest or a fresh open heart surgery patient, is very different than having "step down" patients who are ready to transfer. With mandated staffing ratios, we must staff the ICU with one nurse for every one patient, even if that patient is only in that ICU bed because there isn't another bed available in Med/Surg, Progressive or "step down". Unwise use of a precious nursing resource. Also, what about emergencies or "unusual" circumstances.

For example, last fall there was an outbreak of RSV, a serious respiratory illness, among infants and children. Well...

- Covenant offers pediatric care for children and babies who are seriously and critically ill.
- Last fall, there were not enough staffed pediatric beds at Covenant or in the state to take care of all children who were seriously or critically ill with RSV or other serious conditions.
- Children with a serious case of RSV have difficulty breathing. If they don't receive the right level of care, RSV can be deadly.
- And there were not enough nurses to take care of these children.
- At Covenant, and across the state, we had to be creative to keep these kids alive. Creativity that would be impossible under the mandated ratios being discussed today. We did our very best to meet the needs of children in our state. We stretched, redefined who went where, and we followed a non-traditional path and took care of children who needed care.

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What do I think passing mandated staffing ratios for Registered Nurses will do?

- It will prevent flexibility in staffing.
- It will restrict patient access. There are simply not enough nurses to support it without beds closing.
- It will force our hospital into a penalty situation during emergencies, traumas, and outbreaks of illness; and
- It could also force us into a work model that uses only Registered Nurses. We would no longer be able to afford the ancillary staff I mentioned earlier, to support the nursing staff and ultimately patient care.

As nurses, we don't produce widgets, we care for human beings. Caring for people often prompts unexpected needs and therefore a non-traditional path, collaboration, and innovation. Let me continue to support that in my organization and across our state. I implore you to support talent pipeline and educational affordability strategies instead.

As a nurse, I thank you for listening.